



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard
Baltimore, MD 21244-1850

Ref: S&C-03-05

DATE: November 14, 2002

FROM: Director
Survey and Certification Group
Center for Medicaid and State Operations

SUBJECT: Fiscal Year (FY) 2003 Training Requirements for End Stage Renal Disease (ESRD), Home Health Agency (HHA), Hospice and Intermediate Care Facility for the Mentally Retarded (ICF/MR) Surveyors

TO: Associate Regional Administrators, DMSO
State Survey Agency Directors

The purpose of this memorandum is to modify and clarify the provisions of the Fiscal Year (FY) 2003 State Survey and Certification Budget Call Letter (call letter), issued July 2, 2002, as they relate to the training requirements for surveyors conducting End Stage Renal Disease (ESRD), Home Health Agency (HHA), Hospice and Intermediate Care Facility for the Mentally Retarded (ICF/MR) surveys. The call letter, at Tab B, page 3, stated:

With the FY 2003 call letter, CMS is clarifying the intent of Section 4009C of the SOM. Specifically, before any state or federal surveyor may serve on a survey team (except as a trainee) for an ICF/MR, ESRD facility, HHA or Hospice survey, he/she must have attended the relevant provider-specific Basic course.

Since the issuance of the call letter, many legitimate questions have been raised concerning the implementation of this policy. As you know, we have also solicited training needs information for each provider type from all of the states for FY 2003 and beyond. After careful review of the projected training needs, we are adding several new courses to the survey and certification training schedule for FY 2003 in an attempt to accommodate the states' specified needs. However, we recognize that these new training requirements represent a significant change in past policy and that it may be operationally and financially challenging for each state to fully meet these requirements in FY 2003. As a result, CMS is modifying the implementation time frame for this policy change.

For FY 2003, the requirement specified in the call letter is hereby modified to apply only to new surveyors, i.e.:

Surveyors who are newly hired or who have not previously performed surveys for an ICF/MR, ESRD facility, HHA or Hospice before October 1, 2002 must successfully complete* the relevant provider-specific Basic course before they may serve on a survey team (except as a trainee).

Beyond the requirement for new surveyors, we are also issuing guidance for experienced surveyors, i.e., those surveyors who performed surveys in these provider types prior to October 1, 2002, concerning other CMS Central Office (CO)-sponsored training courses that may be considered to be equivalent to or fulfill the requirement for attending the relevant provider-specific Basic course. The equivalency rules, by provider type, are as follows:

For **ESRD** facilities, the requirement to attend Basic ESRD training will be considered met if the experienced surveyor has successfully completed* a CMS CO-sponsored ESRD Technical, ESRD Update or Advanced ESRD training course.

For **HHA**, there is no equivalent course that may be substituted for successful completion* of the CMS CO-sponsored Basic HHA training.

For **Hospice**, the requirement to attend Basic Hospice training will be considered met if the experienced surveyor has successfully completed* the Basic Hospice train-the-trainer package issued by CMS in 1997.

For **ICF/MR**, there is no equivalent course that may be substituted for successful completion* of the CMS CO-sponsored Basic ICF/MR training.

* For all provider types, “successfully completed” and “successful completion” mean that the surveyor received a certificate at the end of a CMS CO-sponsored training course. A person who did not meet the attendance requirements, e.g., missed a significant portion of the class or did not stay until the end of the class, did not successfully complete the training.

The provisions of the call letter as they relate to modified Basic training for surveyors (see Tab B, pages 3-4) are unchanged by this memorandum.

During FY 2003, CMS will not enforce the Basic training requirement for experienced surveyors who conducted surveys in these provider types before October 1, 2002 but have not attended the relevant Basic course or an equivalent. Instead, we will work with states and regional offices to ensure both CMS and the states are positioned to fully comply with the Basic training requirement for all surveys and all surveyors in these provider types in FY 2004. We plan to offer enough Basic training courses during FY 2003 to meet the training needs of these experienced surveyors as well as the new surveyors.

States and regional offices must verify and report which experienced surveyors successfully completed the required Basic training or its equivalent prior to October 1, 2002. Separate reports will be required for each provider type and must include: 1) the surveyor's name; 2) the surveyor's ID number; and 3) the title and date of the course which the surveyor successfully completed to meet the requirement. Each state and CMS RO report must be accompanied by a statement, attesting to the accuracy of the information, signed by the State survey agency director, ARA, or other manager. State reports are due to the CMS ROs by January 15, 2003. CMS RO reports for each of their states plus the ROs' federal surveyors are due to CO by January 31, 2003. The reporting forms and instructions for submission are attached.

Effective Date: This policy clarification is effective October 1, 2002.

Training: This memorandum should be shared with all survey and certification staff, their managers, and the state/regional office training coordinator.

/s/
Steven A. Pelovitz

Attachment

Basic Training/Equivalency Reporting Instructions

Provider-specific reports:

- Complete a separate report for each provider type using the appropriately titled form.
- Reports may be completed by hand or electronically. The report is in MSWord format. If report is prepared by hand, please make sure all entries are legible.
- **#:** Number the far left hand column of the form beginning with #1. If more than one page is needed to list all surveyors for a provider type, continue numbering in consecutive order until all are listed, i.e., second page would be #18-34, third page would be #35-51, etc.
- **Surveyor Name:** Self-explanatory except, for a person who has changed names, please show the name used at the time the class was completed and include the current name.
- **Surveyor ID#:** Self-explanatory.
- **Class Title:** The only acceptable entries are either a Basic class or one of the equivalents listed in the attached memo. Please note that there are no acceptable equivalent courses for Basic HHA or Basic ICF/MR.
- **Class Dates:** Show the month and year of the class.
- **Certificate Received:** Check one block per surveyor to indicate whether he/she did (Yes) or did not (No) receive a certificate for successfully completing the class.

Attestation:

- This form is set up so that it may be completed one time to cover all four provider types, once for each individual provider type, or in some combination which results in full reporting for all four provider types.
- The name, title and signature of the State survey agency director, ARA or other manager completing the form, plus the date, must follow the attestation.
- The lower half of the form must provide a point of contact for any questions related to the report(s).

Report Submission:

- State reports are due to their respective CMS ROs by **January 15, 2003**.
- CMS RO reports for each of their states plus the ROs' federal surveyors are due to CO by **January 31, 2003**.
- CMS ROs should submit reports to:

Pamela Vocke
Director, Training Staff
pvocke@cms.hhs.gov or by fax to 410-786-1008

Questions:

- States should refer questions about reporting to their RO training coordinator.

Attestation

I certify that the attached information, consisting of _____ pages recording the Basic training histories for _____ facility type(s) _____ surveyors for _____ (State or CMS RO), has been reviewed and verified for each person listed.

Name (print): _____

Title: _____

Signature: _____

Date: _____

Questions about the reported information may be referred to:

Name (print): _____

Title: _____

Phone: _____

E-mail: _____

ESRD Training

Report for _____

(State Name or CMS RO #)

Report Prepared by _____

[illegible]

HHH Training

Report for _____
(State Name or CMS RO #)

Report Prepared by _____

[illegible]

Hospice Training

Report for _____
(State Name or CMS RO #)

Report Prepared by _____

[illegible]

ICF/MR Training

Report for _____
(State Name or CMS RO #)

Report Prepared by _____

[illegible]

